

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

JAY ASH
SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT



Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety and Inspections
Architectural Access Board

1 Ashburton Place, Rm 1310 • Boston • Massachusetts • 02108
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JOHN C. CHAPMAN
UNDERSECRETARY OF
CONSUMER AFFAIRS AND
BUSINESS REGULATION

CHARLES BORSTEL
COMMISSIONER, DIVISION OF
PROFESSIONAL LICENSURE

THOMAS HOPKINS
EXECUTIVE DIRECTOR

APPLICATION FOR VARIANCE
Curb cuts/sidewalks

Docket: _____

INSTRUCTIONS:

- 1) Answer all questions on this application to the best of your ability.
- 2) Attach whatever documents you feel are necessary to meet the standard of impracticability laid out in 521 CMR 4.1. You must show that either:
 - a. Compliance is technologically infeasible, or
 - b. Compliance would result in an excessive and unreasonable cost without any substantial benefit for persons with disabilities.
- 3) Please ensure that attached documents are no larger than 11" x 17". Common attachments include:
 - a. Floor plans,
 - b. Site plans which include the location of buildings and the meets and bounds of the property,
 - c. Cross-sectional drawings,
 - d. Color photographs,
 - e. Test drawings,
 - f. Cost estimates,
 - g. Copies of the Property Card, and/or
 - h. Narratives, including accommodation plans.
- 4) Sign the Application.
- 5) Burn copies of the application and all attached documents onto a Compact Disc (CD or DVD only, no flash drives will be accepted).
- 6) Provide full copies of the application and all attached documentation, on both Paper and CD/DVD to the:
 - a. Local Building Department,
 - b. Local Commission on Disability (if applicable in the town where the project is located), and
 - c. The Independent Living Center (ILC) for your region.
(The ILC that serves your region can be found at: <http://www.masilc.org>.)
- 7) Provide to the Board:
 - a. A completed copy of the application and all attached documents,
 - b. A copy of the CD/DVD,
 - c. The completed, signed, and notarized Service Notice (included as Page 5 of this application).
 - d. A check or money order in the amount of \$50 dollars, made out to the Commonwealth of Massachusetts.

In accordance with M.G.L., c.22, § 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the building/facility described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

1. State the name and address of the **owner** of the project:

E-mail: _____
Telephone: _____

2. State the exact location of the area in question (e.g. Northwest corner of Main St. and Broadway) (use additional sheets if necessary):

3. Describe the project (e.g. complete reconstruction of Rt. 20 from Main St. to Broadway):

4. Check the work performed or to be performed:

____ New Construction ____ Repair
____ Reconstruction/Remodeling/Alteration

5. Briefly describe the extent and nature of the work performed or to be performed (use additional sheets if necessary):

6. Are you seeking temporary relief? Yes ____ No ____

a. If temporary relief is sought, what is the proposed deadline?

7. State each section of the Architectural Access Board's Regulations for which a variance is being requested. **(Please note the Board will NOT consider requests for relief from Section 3, please list the specific items triggered by Section 3 where relief is being sought):**

SECTION NUMBER

LOCATION OR DESCRIPTION

_____	_____
_____	_____
_____	_____
_____	_____

If requesting relief to 5 or more sections, use the Large Variance Tally Sheet available on the "Forms and Applications" page of the Board's website (<http://www.mass.gov/aab>)

8. For each variance requested, state in detail the reasons why compliance with the Board's regulations is impracticable (*use additional sheets if necessary*), including but not limited to: the necessary cost of the work required to achieve compliance with the regulations (i.e. written cost estimates); and plans justifying the cost of compliance.

9. Which section of the Board's Jurisdiction (see Section 3 of the Board's Regulations) has been triggered?

3.2 _____ 3.3.1a _____ 3.3.1b _____ 3.3.2 _____ 3.4 _____ Other (List Section) _____

10. Has the project been out bid? _____
Has the contract been awarded? _____

8a. If the contract has been awarded, what date was it awarded?

8b. Has the project been completed?

8c. If work has been completed, state the date work began:

Completion date: _____

11. State the estimated cost of the total project: _____

12. Has any other work been performed at this location within the past 36 months? _____

13. Is this project funded by the Massachusetts Department of Transportation? _____

14. Has the project been accepted by the City or Town? _____
If yes, state the date that the project was accepted: _____

15. To the best of your knowledge, has a complaint ever been filed on this project relative to accessibility? _____yes _____no

16. State the name and address of the architectural or engineering firm, including the name of the individual architect or engineer responsible for preparing drawings of the facility:

E-mail: _____

Telephone: _____

17. State the name and address of the building inspector responsible for overseeing this project:

E-mail: _____

Telephone: _____

Date: _____

Signature of owner or authorized agent *(required)*

PLEASE PRINT:

Name

Organization (If Applicable)

Address

Address 2 (optional)

City/Town

State

Zip Code

E-mail

Telephone

SERVICE NOTICE

I, _____, as _____
(name) (relationship to the applicant)
for the Petitioner _____ submit a
(name of the applicant)
variance application filed with the Massachusetts Architectural Access Board on _____.
(date variance submitted)

HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT I SERVED OR CAUSED TO BE SERVED, A COPY OF THIS VARIANCE APPLICATION ON THE FOLLOWING PERSON(S) IN THE FOLLOWING MANNER:

<u>NAME AND ADDRESS OF PERSON OR AGENCY SERVED</u>		<u>METHOD OF SERVICE</u>	<u>DATE OF SERVICE</u>
1 Building Department			
2 Local Commission on Disability (If Applicable)			
3 Independent Living Center			
4 2 nd ILC (Boston Only)			

AND CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE ABOVE STATEMENTS TO THE BEST OF MY KNOWLEDGE ARE TRUE AND ACCURATE.

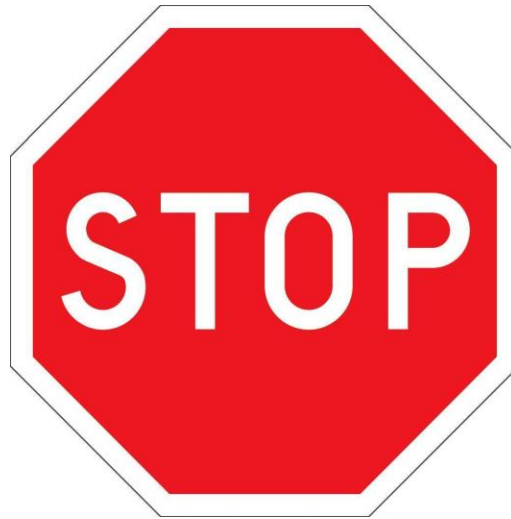
Signature: Appellant or Petitioner _____

On the _____ Day of _____ 20 _____
PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED

(Type or Print the Name of the Appellant)

NOTARY PUBLIC

MY COMMISSION EXPIRES



Before you send in your application, have you:

- ☐ Answered all questions on the application;
- ☐ Signed the application and included up to date contact info;
- ☐ Made a copy of your entire application, including all attached documents, on CD or DVD;
 - Flash drives are not permitted.
- ☐ Sent copies of the completed application, all attached documents, and CD/DVD to:
 - ☐ The local Building Department,
 - ☐ The local Commission on Disability, and
 - ☐ The Independent Living Center (ILC) for the region in which the property is located;
 - There are two ILCs for projects located in Boston.
 - The Boston Center for Independent Living
 - The Multicultural Independent Living Center of Boston
- ☐ Filled out the Service Notice (page 5 of the application) including all parties and the method and date of service for each, and had it signed and notarized; and
- ☐ Included a \$50 check made out to the "Commonwealth of Massachusetts".

Please Note: Failure to follow these instructions (as found on page 1 of the application) could result in your request not being docketed until such time as we have received a fully completed application.